

systems are supposed to work for. Strikes me as the right sort of arrangement for an age of austerity as well as interdependence. (The age of interrupted affluence should sharpen our focus on future markets for our sake as well as theirs.)

No leader scheduled to speak at the summit meeting is more painfully aware of this context than President Obama, who one year ago pledged to put forth a global plan to reach the development goals. If promoting transparency and investing in what works is at the core of that strategy, he can assure Americans that their dollars are reinforcing their values, and their leadership in the world is undiminished. Action is required to make these words, these dull statistics, sing. The tune may not be pop but it won't leave your head—this practical, achievable idea that the world, now out of kilter, can re-balance itself and offer all, not just some, a chance to exit the unfathomable deprivation that brings about the need for such global bargains.

I understand the critics who groan or snooze through the pious pronouncements we will hear from the podium in the General Assembly. But still in my heart and mind, undiminished and undaunted, is this thought planted by Nelson Mandela in his quest to tackle extreme poverty: "Sometimes it falls upon a generation to be great."

We have a lot to prove, but if the M.D.G. agreement had not been made in 2000, much less would have happened than has happened. Already, we've seen transformative results for millions of people whose lives are shaped by the priorities of people they will never know or meet—the very people causing gridlock this week. For this at least, the world should thank New Yorkers for the loan of their city.

PHYSICIAN FEE SCHEDULE: IMPACT ON THERAPY SERVICES

Mr. BARRASSO. Mr. President, for the past 6 months I have come to the floor of the U.S. Senate to offer my doctor's "second opinion" about the health reform law. Day after day, week after week, we continue to see disturbing news reports uncovering the law's consequences—consequences that restrict individual freedoms, erode patient access to medical care, and increase our Nation's debt and deficit.

Specifically, I have listened closely as President Obama and congressional Democrats repeatedly try to convince the American people that the health care law does not cut Medicare. Having practiced medicine for well over two decades, I can tell you that the Nation's Medicare patients and Medicare providers are not fooled. They know the Democrat's health care law cuts over \$500 billion from the Medicare Program. They know the law does not use that money to make sure Medicare is strong and solvent for generations to come. They know the law raids Medicare and uses the money to start a brand new entitlement program for the nonelderly.

America's seniors, and the medical professionals who treat them, understand that if we take over \$500 billion away from Medicare then patients will lose benefits. They understand that if we take over \$500 billion away from Medicare, then the quality of care will

go down. They understand it will be increasingly difficult to see a doctor—especially in rural and frontier States like Wyoming. And they understand the local community hospitals, home health agencies, nursing homes, and skilled nursing facilities will struggle to keep their doors open.

Over the August work period, I traveled all across the State of Wyoming—talking to folks at town meetings, parades, picnics, fairs, and rodeos. Everyone agrees Medicare is going broke—and that the new health care law does nothing to fix the problem. In fact, it only serves to make a bad situation worse.

I want to share with the Senate a guest editorial printed in the *Casper Journal*. Written by Kathy Blair, a board certified orthopedic physical therapist, the article explains how proposed Medicare reimbursement cuts to physical and occupational therapists will limit patient access to medical care.

On Friday, June 25, 2010, the Obama administration released its proposed 2011 Physician Fee Schedule rule and regulation. The draft rule sets Medicare payments for individual physician services. As Kathy's editorial explains, the new health care law requires the Administration to institute a so-called Multiple Procedure Payment Reduction—MPPR. Originally designed to impact payment for multiple surgeries performed simultaneously, the administration now plans to apply the MPPR policy to physical and occupational therapy services. This move is expected to cut Medicare physical and occupational therapy payments next year by 12 percent.

I thank Kathy Blair for bringing this important matter to the Senate's attention and ask unanimous consent to have her editorial printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the *Casper Journal*, Aug. 18-24, 2010]

PROPOSED MEDICARE POLICY MAY REDUCE PHYSICAL THERAPY SERVICES

(By Dr. Kathy Blair)

On June 25, 2010, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule that updates 2011 payment rates for physician services, outpatient physical therapy services and other services. In the rule, CMS proposes to implement a multiple procedure payment reduction (MPPR) policy that would result in significant reductions in payment for outpatient therapy services, regardless of the setting in which the services are delivered. It will apply to physician offices, outpatient private practice settings and outpatient services in hospitals, as well as some home health and skilled nursing services (Part B).

Estimates indicate that these changes will result in a 12- to 13-percent decrease in payment for outpatient physical therapy services in 2011. These cuts, along with the sustainable growth rate (SCR) cuts and therapy cap, would combine to reduce reimbursement by as much as 35 percent in 2011.

Physical therapists may have to elect not to see Medicare beneficiaries or close their

doors as a result of such significant reductions in reimbursement. It will clearly have an impact on the ability of Medicare beneficiaries to gain access to needed therapy services.

Access to necessary therapy services has the potential to decrease costs associated with the management of conditions typically seen by physical therapists under the Medicare program. Therapy services are important to keep Medicare beneficiaries healthy and functioning in their homes or the facilities in which they reside.

Additionally, individuals considering a career in physical therapy may reconsider their choice. The inability to serve the rehabilitation needs of seniors and individuals with disabilities due to unsustainable payment cuts would limit access today and has the potential to worsen health care workforce issues in the future.

CMS needs to hear from you to understand the implications the MPPR policy will have on physical therapy practices and the healthcare of all Medicare recipients. Comments must be received by an Aug. 24 deadline and can be submitted electronically at <http://www.regulations.gov/search/Regs/home.&fnl;html>

#submitComment?R=0900006480b182c9.

For contact information about mailing letters to comment, call Wind City Physical Therapy at 235-3910. Please allow adequate time for letter delivery before the comment period ends.

2010 DAVIDSON FELLOW AWARD RECIPIENTS

Mr. GRASSLEY. Mr. President, today, I have the distinct pleasure of recognizing before the Senate some of the most talented and brightest young people in the United States. The 2010 Davidson Fellows Award is being given to 20 young students who are under the age of 18 and have already demonstrated superior ability and achievement in the areas science, music, literature, mathematics, and technology. I would like to take this time to recognize each of these extraordinary young individuals and their projects.

In the area of science, we have 12 young students with remarkable projects that have contributed to scientific progress. This includes Kyle Loh, a 16-year-old young man from Piscataway, NJ, who conducted screening of chemical libraries and identified compounds that can help convert human and mouse skin cells into pluripotent stem cells. Pluripotent stem cells have the potential to differentiate into many different cell types. The chemical compounds he identified obviate the need to destroy embryos. Kyle's studies advance regenerative medicine and provide insights into the molecular mechanisms that underlie the conversion of skin cells into pluripotent stem cells.

Jonathan Rajaseelan, a 17-year-old young man from Millersville, PA, synthesized six new chemical carbene complexes of the metal Rhodium. Rhodium complexes act as catalysts in multiple organic synthesis reactions, including the manufacturing of pharmaceuticals and industrial chemicals. The catalytic effects of his complexes make these processes safer, inexpensive, and less